CT-941 CONNECTICUT QUARTE	RLY RECO	NCILIATION	OF WIT	THHOLE	DING	►MARCH 2	2003
CONNECTICUT TAX REGISTRATION NUMBER FEI	DERAL EMPLOYER	ID NUMBER	1.7	UARTER • 1	APRI	L 30, 2003	
If Name, Address, and/or Identification Number(s) are	e incorrect,	READ INS	STRUCTI	ONS BEI	FORE CO	OMPLETING	
please complete Form CTC located in this package.	1.	GROSS WAGES AND	NONPAYE	OLL AMOU	NTS ► 1.		
INCOME TAX WITHHOLDING FOR ATHLETES OR ENTERTAINERS	2.	GROSS CT WAGES A	ND NONPA	ROLL AMO	JNTS▶ 2.		
ATTLETES ON ENTERTAINENS	3.	CONNECTICUT TAX	WITHHELD		▶ 3.		
	4.	CREDIT FROM PRIC	R PERIOD		► 4.		
	5.	PAYMENTS MADE FO	OR THIS Q	JARTER	▶ 5.		
	6.	TOTAL DEPOSITS (Ad	ld Line 4 an	d Line 5)	▶ 6.		
	7.	NET TAX DUE (OR CE	REDIT) (Line	3 minus Lin	e 6) ► 7.		
Charles and the control of the contr	8a.	PENALTY:►	+ 8b. INT	EREST:	= 8.		
☐ Check if you no longer have employees in Connect enter date of last payroll		AMOUNT APPLIED TO	O NEXT QL	IARTER	▶ 9.		
SUBMIT ORIGINAL COUPON ONLY. THIS IS A	140	AMOUNT TO BE REF	UNDED		► 10.		
READABLE DOCUMENT PERSONALIZED TO YOUR B	USINESS. 11.	TOTAL AMOUNT DUE	(Add Line	and Line 8)	▶ 11.		
I declare under penalty of law that I have examined th knowledge and belief, it is true, complete, and correct.		ng any accompanying	schedules	and stater	nents) and,	to the best of m	ıy
Mail to: Department of Revenue Services		Signature					
PO Box 2931 Hartford CT 06104-2931		Title			Da		



Visit DRS Web site: www.drs.state.ct.us (for information and filing)

or

Telephone:

860-947-1988 (for filing)

860-297-5962 (for information)



······×		Cut Here			·····×	
CT-941 CONNECTICUT QUA	RTERLY RE	CONCILIATION OF W	ITHHOLI	DING	► JUNE 2003	
CONNECTICUT TAX REGISTRATION NUMBER	FEDERAL EMPLC	YER ID NUMBER	QUARTER 2	JULY	31, 2003	
If Name, Address, and/or Identification Number		READ INSTRUC	TIONS BE	FORE CO	OMPLETING	
please complete Form CTC located in this package		1. GROSS WAGES AND NONPA	YROLL AMOU	NTS ► 1.		
INCOME TAX WITHHOLDING I ATHLETES OR ENTERTAINEI	-	2. GROSS CT WAGES AND NONPAYROLL AMOUNTS ▶ 2.				
ATTECTES OF ENTERTAINE	3. CONNECTICUT TAX WITHHELD ► 3.					
		4. CREDIT FROM PRIOR PERIO	OD	▶ 4.		
		5. PAYMENTS MADE FOR THIS	QUARTER	▶ 5.		
		6. TOTAL DEPOSITS (Add Line 4	and Line 5)	► 6.		
		7. NET TAX DUE (OR CREDIT) (I	ine 3 minus Lin	e 6) > 7.		
Charle it can be be a bound and bound in O	8a. PENALTY:► + 8b.	INTEREST:	= 8.			
, , ,	heck if you no longer have employees in Connecticut and nter date of last payroll		QUARTER	▶ 9.		
SUBMIT ORIGINAL COUPON ONLY. THIS	10. AMOUNT TO BE REFUNDED		► 10.			
READABLE DOCUMENT PERSONALIZED TO YO	UR BUSINESS.	11. TOTAL AMOUNT DUE (Add Lir	ne 7 and Line 8)	▶ 11.		

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct.

Mail to: Department of Revenue Services

PO Box 2931

Hartford CT 06104-2931

Signature		
Title	Date	

Schedule A Monthly Summary of Connecticut Tax Liability

(a) First Month Liability	(b) Second Month Liability	(c) Third Month Liability	Total Liability for Quarter

Sahadula B	Employer's Record	of Connectious	Toy Liebility	(Chaw tax lis	bility boro n	ot donocito
Schedule B	Employer's Record	or Connecticut	TAX LIADIIIIV	isnow lax na	adililv nere. ni	ot aebosits.i

(A)) First Month	of Quarter	(B) Second Mont	h of Quarter	(C) Third Mont	h of Quarter
1	17	1	17	1	1	7
2	18	2	18	2	1	8
3	19	3	19	3	1	9
4	20	4	20	4	2	20
5	21	5	21	5	2	21
6	22	6	22	6	2	22
7	23	7	23	7	2	23
8	24	8	24	8	2	24
9	25	9	25	9	2	25
10	26	10	26	10) 2	26
11	27	11	27	11	2	27
12	28	12	28	12	2	28
13	29	13	29	13	3	29
14	30	14	30	14	1 3	30
15	31	15	31	15	5 3	31
16		///////////////////////////////////////		///////////////////////////////////////	s /	<u> </u>
Total for first n	month A	Tot	tal for second month B			
CT-941 BACK (Rev. 12/02)	CT-941 BACK (Rev. 12/02) Total Liability for Quarter (add amounts from A, B, and C) This should equal Line 3 on the front of this return.				is should equal Line 3 the front of this return.	

Schedule A Monthly Summary of Connecticut Tax Liability

(a) First Month Liability	(b) Second Month Liability	(c) Third Month Liability	Total Liability for Quarter

Schedule B Employer's Record of Connecticut Tax Liability (Show tax liability here, not deposits.)

	Month of Quarter		Month of Quarter		onth of Quarter
1	17	1	17	1	17
2	18	2	18	2	18
3	19	3	19	3	19
4	20	4	20	4	20
5	21	5	21	5	21
6	22	6	22	6	22
7	23	7	23	7	23
8	24	8	24	8	24
9	25	9	25	9	25
10	26	10	26	10	26
11	27	11	27	11	27
12	28	12	28	12	28
13	29	13	29	13	29
14	30	14	30	14	30
15	31	15	31	15	31
16	<u> </u>	16	<u> </u>	16	
Total for first month	A	Total for second month	В	Total for third month	С
CT-941 BACK Total	Liability for Quarter (add amounts from A	B and C)	This should equal Line 3	

CT-941 BACK (Rev. 12/02)

Total Liability for Quarter (add amounts from A, B, and C)

on the front of this return.

ONNECTICU	TTAX REGISTRATION NUMBER	FEDERAL EMPLO	YER ID NUMBER	QUARTER > 3	DUE DATE	BER 31, 2003
If Name, Address, and/or Identification Number(s) are incorrect,			READ II	NSTRUCTIONS BE		•
lease comp	ete Form CTC located in this package.	,	1. GROSS WAGES A	ND NONPAYROLL AMOU	JNTS ► 1.	
II.	NCOME TAX WITHHOLDING FO ATHLETES OR ENTERTAINER		2. GROSS CT WAGES	AND NONPAYROLL AMO	DUNTS ▶ 2.	
AIRLETES OR ENTERTAINERS			3. CONNECTICUT TA	X WITHHELD	▶ 3.	
			4. CREDIT FROM PR	IOR PERIOD	▶ 4.	
			5. PAYMENTS MADE	FOR THIS QUARTER	▶ 5.	
			6. TOTAL DEPOSITS (Add Line 4 and Line 5)	► 6.	
			7. NET TAX DUE (OR	CREDIT) (Line 3 minus Li	ine 6) > 7.	
Chook	if you no longer have employees in Cor	anacticut and	8a. PENALTY:►	+ 8b. INTEREST:▶	= 8.	
	late of last payroll		9. AMOUNT APPLIED	TO NEXT QUARTER	▶ 9.	
UBMIT О	RIGINAL COUPON ONLY. THIS IS	S A MACHINE	10. AMOUNT TO BE R	EFUNDED	▶ 10.	
EADABLE	DOCUMENT PERSONALIZED TO YOU	IR BUSINESS.	11. TOTAL AMOUNT DI	JE (Add Line 7 and Line 8	3) ▶11.	
	der penalty of law that I have examine and belief, it is true, complete, and cor		uding any accompanyi	ng schedules and state	ements) and, t	to the best of my
lail to:	Department of Revenue Service	es	Signature			
	PO Box 2931 Hartford CT 06104-2931		Title		Date	9



Visit DRS Web site: www.drs.state.ct.us (for information and filing)

or

Telephone:

860-947-1988 (for filing)

860-297-5962 (for information)



·····×···			Cut Here			·····×··	
CT-941	CONNECTICUT QU	ARTERLY RE	CONCILIATION OF	WITHHOLD	ING	►DEC. 200	03
CONNECTICUT	TAX REGISTRATION NUMBER	FEDERAL EMPLO	YER ID NUMBER	QUARTER • 4	JANU	TE JARY 31, 200)4
If Name, Add	lress, and/or Identification Numb	er(s) are incorrect,	READ INSTRI	UCTIONS BEF	ORE CO	OMPLETING	
	ete Form CTC located in this pack	•	1. GROSS WAGES AND NOT	NPAYROLL AMOUN	TS ▶ 1.		
	ICOME TAX WITHHOLDING ATHLETES OR ENTERTAIN		2. GROSS CT WAGES AND N	ONPAYROLL AMOU	NTS▶ 2.		
4	ATTILL TES OTT ENTETTIAIN	LIIO	3. CONNECTICUT TAX WITH	IHELD	▶ 3.		
			4. CREDIT FROM PRIOR PE	RIOD	▶ 4.		
			5. PAYMENTS MADE FOR TH	HIS QUARTER	▶ 5.		
			6. TOTAL DEPOSITS (Add Line	e 4 and Line 5)	► 6.		
			7. NET TAX DUE (OR CREDIT) (Line 3 minus Line	<i>6)</i> ► 7.		
– Observice is		0	8a. PENALTY:▶ + 8	b. INTEREST:	= 8.		
	you no longer have employees in ate of last payroll		9. AMOUNT APPLIED TO NEX	XT QUARTER	▶ 9.		
	IGINAL COUPON ONLY. THE		10. AMOUNT TO BE REFUND	ED	▶ 10.		
	OCUMENT PERSONALIZED TO		11. TOTAL AMOUNT DUE (Add	Line 7 and Line 8)	▶ 11.		

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct.

Mail to: Department of Revenue Services

PO Box 2931

Hartford CT 06104-2931

Signature		
Title	Date	

Schedule A Monthly Summary of Connecticut Tax Liability

(a) First Month Liability	(b) Second Month Liability	(c) Third Month Liability	Total Liability for Quarter

Schedule B Employer's Record of Connecticut Tax Liability (Show tax liability here, not deposits.)

Concade B Employer's Record of Connecticut tax Elability (Chew tax hability here, not deposits.)							
(A) First Month of Quarter		(B) Second Month of Quarter		(C) Third Month of Quarter			
1	17	1	17	1	17		
2	18	2	18	2	18		
3	19	3	19	3	19		
4	20	4	20	4	20		
5	21	5	21	5	21		
6	22	6	22	6	22		
7	23	7	23	7	23		
8	24	8	24	8	24		
9	25	9	25	9	25		
10	26	10	26	10	26		
11	27	11	27	11	27		
12	28	12	28	12	28		
13	29	13	29	13	29		
14	30	14	30	14	30		
15	31	15	31	15	31		
16		16		16			
Total for first month	A	Total for second month	В	Total for third month	С		
CT-941 BACK (Rev. 12/02) Total Liability for Quarter (add amounts from A, B, and C) This should equal Line 3 on the front of this return.							

Schedule A Monthly Summary of Connecticut Tax Liability

(a) First Month Liability	(b) Second Month Liability	(c) Third Month Liability	Total Liability for Quarter

Schedule B Employer's Record of Connecticut Tax Liability (Show tax liability here, not deposits.)

(A) First Month of Quarter		(B) Second Month of Quarter		(C) Third Month of Quarter		
1		17	1	17	1	17
2		18	2	18	2	18
3		19	3	19	3	19
4		20	4	20	4	20
5		21	5	21	5	21
6		22	6	22	6	22
7		23	7	23	7	23
8		24	8	24	8	24
9		25	9	25	9	25
10		26	10	26	10	26
11		27	11	27	11	27
12		28	12	28	12	28
13		29	13	29	13	29
14		30	14	30	14	30
15		31	15	31	15	31
16		<i>\////////////////////////////////////</i>	16	<u> </u>	16	
Total for first month A		Total for second month	В	Total for third month	C	
CT-941 BACK (Rev. 12/02) Total Liability for Quarter (add amounts from A, B, and C) This should equal Line 3 on the front of this return.						